



2021 Maryland

**Behavioral Risk Factor Surveillance System
Questionnaire**

Imported & Hidden Sample Variables

[ASK ALL]

SAMTYPE. Imported Sample Variable: Sample Type

1 Landline
2 Cell Phone

[ASK ALL]

STATE. Imported Sample Variable: State

MD Maryland

[SET HEALTHDEPT = STATE]

HEALTHDEPT. Hidden Variable for Piping: Health Department Name

MD Maryland Department of Health

[SET DEPTPHONE = STATE]

DEPTPHONE. Hidden Variable for Piping: Department Phone Number

MD 844-403-3933

[ASK ALL]

ASGCNTY. Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]

HGENDER. Hidden Variable for storing values entered at SEX1, SEX2, ASKGENDR, RSA, MOD27_1

1 Male
2 Female

[SET LENGTH = STATE]

LENGTH. Hidden Variable for Piping: Interview Length

MD 23

[ASK IF STATE=MD]

SPLIT. Imported Sample Variable: Split

1 Split 1
2 Split 2
3 Split 3

CDAY. System variable - Current day [NUMBER BOX] RANGE 1-31

CWEEKDAY. System variable - Current weekday

1	Sunday
2	Monday
3	Tuesday
4	Wednesday
5	Thursday
6	Friday
7	Saturday

CMONTH. System variable - Current month

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December

CYEAR. System variable - Current year [NUMBER BOX] WIDTH=4

CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Behavioral Risk Factor Surveillance System

2020 Questionnaire

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Interviewer's Script Landline

Form Approved
OMB No. 0920-1061
Exp. Date 03/31/2021

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

ANSWERING MACHINE MESSAGE TEXT:

AM_TEXT. TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE. IF STATE NE CO SET AM_TEXT=1; IF STATE=CO SET AM_TEXT=2

1 Hello, my name is _____. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of US residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [DEPTPHONE] at your convenience. Thank you.

PRIVACY MANAGER MESSAGE TEXT:

PM_TEXT. TO BE LEFT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

1 (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF SAMPTYPE=2 OR SELFLAG NE 1 OR GETADULT=1]

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.

[IF SAMPTYPE=1 INSERT "Is this \$N?"; IF SAMPTYPE=2 INSERT "Is this a safe time to talk with you?"]

[IF SAMPTYPE=1 INSERT "**INTERVIEWER NOTE: IF NO: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.**"; IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time**"]

- 01 Yes – Continue
- 02 No [HIDE IF NOT(SAMPTYPE=1)]
- 03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)]

- 10 Callback
- 20 Refusal
- D3 Answering Machine
- B2 Busy
- DA Dead Air
- HU Hang Up
- NA No Answer
- NW Non-Working Number

[ASK IF INT01=02]

TERM1. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

- 1 Continue [ASSIGN DISPO U1]

[ASK IF SELFLAG=1 AND SAMPTYPE=1 AND NOT(GETADULT=1)]

INT02. Hello, I'm _____ calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of US residents. This call may be monitored or recorded for quality control. When

we called previously the computer randomly selected the [IF NOT(RSA=WR) INSERT “[RSA]”; IF RSA=WR AND NOT(ASKGENDR=WR) INSERT “[ASKGENDR]”] to be interviewed.

May I please speak to [IF HGENDER=1 INSERT “him”; IF HGENDER=2 INSERT “her”]?

01 Selected on the line

03 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[ASK IF INT01=01 AND SAMPTYPE=1]

HS1. Is this a private residence?

READ IF NECESSARY: By private residence, we mean someplace like a house or apartment.

INTERVIEWER NOTE: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

1 Yes

2 No

3 No, this is a business

[ASK IF HS1=3]

BUS. Thank you very much but we are only interviewing persons on residential phones at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

COLLEGE. Do you live in college housing?

READ ONLY IF NECESSARY: BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 1 Yes
- 2 No – Business
- 3 No – Group Home

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF COLLEGE=2,3,7,9]

X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

STRES. Do you currently live in [STATE]?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STRES=2,7,9]

X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

HS2. Is this a cell phone?

READ IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

- 1 Yes, it is a cell phone
- 2 Not a cell phone

[ASK IF HS2=1]

HS2X. Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

- 1 Continue [ASSIGN DISPO M3]

[ASK IF HS2=2]

ADULT. Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF COLLEGE=1 AND HS2=2 AND ADULT=1]

SEX1. Are you male or female?

- 1 Male
- 2 Female

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[IF SEX1=1 SET HGENDER=1 (Male); IF SEX1=2 SET HGENDER=2 (Female)]

[ASK IF HS1=1 AND HS2=2]

ADULTS. I need to randomly select an adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=2]

XX3. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [ASSIGN DISPO M6]

[ASK IF 7,9]

XX4. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]

ONEADULT. Are you the adult?

1 Yes
2 No

[ASK IF ONEADULT=1]

ASKGENDR. Are you male or female?

1 Male
2 Female

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF ASKGENDR=1 SET HGENDER=1 (Male); IF ASKGENDR=2 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=7,9]

XX5. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=2]

GETADULT. May I speak with the adult in the household that is 18 years of age or older?

1 Yes, adult coming to the phone [GO TO INT01]
2 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=1]

YOU. Then you are the person I need to speak with.

1 Continue

[ASK IF ADULTS > 1]

MEN. How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]

NWOMEN. CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]

WOMEN. So the number of women in the household is [NWOMEN].

INTERVIEWER NOTE: Confirm the number of adult women or clarify the total number of adults in the household.

Is that correct?

1 Yes

2 No [GO BACK TO ADULTS]

//PROGRAMMER NOTE: QUESTION SHOULD BE NON-CLEANING//

[ASK IF ((ADULTS>=1 OR ASKGENDR=1,2 OR SEX1=1,2) AND (INT02=WR OR PW=150615))]

[IF ADULTS>=1 AND NWOMEN>=1, RANDOMLY SET RSA=01-09]

[IF ADULTS>=1 AND MEN>=1, RANDOMLY SET RSA=11-19]

[IF ASKGENDR=1, SET RSA=21; IF ASKGENDR=2, SET RSA=22]

[IF SEX1=1, SET RSA=21; IF SEX1=2, SET RSA=22]

[IF SAB1=1, SET RSA=21; IF SAB2=2, SET RSA=22]

RSA. System Generated Variable: Randomly Selected Adult

- 01 Oldest Female
- 02 2nd Oldest Female
- 03 3rd Oldest Female
- 04 4th Oldest Female
- 05 5th Oldest Female
- 06 6th Oldest Female
- 07 7th Oldest Female
- 08 8th Oldest Female
- 09 9th Oldest Female
- 11 Oldest Male
- 12 2nd Oldest Male
- 13 3rd Oldest Male
- 14 4th Oldest Male
- 15 5th Oldest Male
- 16 6th Oldest Male
- 17 7th Oldest Male
- 18 8th Oldest Male
- 19 9th Oldest Male
- 20 No respondent selected
- 21 Male
- 22 Female

[IF RSA =11,12,13,14,15,16,17,18,19,21 SET HGENDER=1 (Male); IF RSA =01,02,03,04,05,06,07,08,09,22 SET HGENDER=2 (Female)]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

RESPSLCT. The person in your household that I need to speak with is the [RSA]. Are you the [RSA] in this household?

[INTERVIEWER: PLEASE CHOOSE A RESPONSE. DO NOT USE QUIT]

[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: "May I speak with the [RSA]"]

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.]

1 Yes, male
2 Yes, female

4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]
5 No, adult refused [GO TO INT20 TERM]
6 TERM [GO TO INTXX]

[ASK IF (RSA=01-09 AND RESPSLCT =1) OR (RSA=11-19 AND RESPSLCT =2)]

SELCK. I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF RESPSLCT =1 INSERT "Male"; IF RESPSLCT =2 INSERT "Female"]. I must correct this inconsistency.

1 Go Back [GO TO RESPSLCT]

[ASK IF SAMPTYPE=1]

YOURTHE1. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

INTERVIEWER NOTE: The interview takes on average [LENGTH] minutes depending on your answers.

1 Person Interested, Continue

2 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

[ASK IF YOURTHE1=2 OR (INT02=03 AND YOURTHE1 NE 1)]

PW. INTERVIEWER IN ORDER TO GO BACK AND CHANGE THE NUMBER OF ADULTS YOU NEED YOUR SUPERVISORS PERMISSION AND PASSWORD ENTER PASSWORD

150615 Go back to ADULTS [GO BACK TO ADULTS] [HIDE RESPONSE]

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

PHONE. Is this \$N?

INTERVIEWER NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 Yes
- 2 No
- 3 Not a safe time/driving [GO TO TERM]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PHONE=2]

XPHONE. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

- 1 Continue [CODE AS U1]

[ASK IF PHONE=1]

CELLFON2. Is this a cell phone?

READ IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO TERM]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CELLFON2=2]

NOTCELL1. Thank you very much, but we are only interviewing cell telephones at this time.

1 Continue [ASSIGN DISPO M2]

[ASK IF PHONE=7,9 OR CELLFON2=7,9]

NOTCELL2. Thank you for your time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

CADULT. Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF CADULT=2]

NOTOLD. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

SEX2. Are you male or female?

- 1 Male
- 2 Female

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[IF SEX2=1 SET HGENDER=1 (Male); IF SEX2=2 SET HGENDER=2 (Female)]

[ASK IF 7,9]

XX6. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

PVTRES2. Do you live in a private residence?

READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV'S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PVTRES2=2]

COLLEGE2. Do you live in college housing?

READ ONLY IF NECESSARY: BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 1 Yes
- 2 No – business
- 3 No – group home
- 4 Not a safe time / driving [GO TO CALL BACK SCREEN]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF COLLEGE2=2,3]

NOTARES. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

- 1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=7,9 OR COLLEGE2=7,9]

X4. Thank you very much for your time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=1 OR COLLEGE2=1]

CSTATE. Do you currently live in [STATE]?

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO CALL BACK SCREEN]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE=7,9]

X5. Thank you very much for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

RSPSTATE. In what state do you currently live?

- AL Alabama
- AK Alaska
- AZ Arizona
- AR Arkansas
- CA California
- CO Colorado
- CT Connecticut
- DE Delaware
- DC District of Columbia
- FL Florida
- GA Georgia
- HI Hawaii
- ID Idaho
- IL Illinois
- IN Indiana
- IO Iowa
- KS Kansas
- KY Kentucky

LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
66 Guam
72 Puerto Rico
78 Virgin Islands
77 Live outside US and participating territories
99 Refused

[ASK IF (STATE=MD AND CSTATE=2 AND RSPSTATE=MD)]

STATEVER. I'm sorry, I previously recorded that you did not live in [STATE]. I need to go back and correct this inconsistency.

1 Continue [GO BACK TO CSTATE]

[ASK IF RSPSTATE= 99]

REFSTATE. I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]

REFSTATE2. Thank you very much, but we are only interviewing persons who live in the United States and Territories.

1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

LANDLINE. Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS USED FOR MAKING OR RECEIVING CALLS. PLEASE INCLUDE LANDLINE USED FOR BOTH BUSINESS AND PERSONAL USE.

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JAKE AND OTHER HOME-BASED PHONE SERVICES)

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PVTRES2=1]

NUMADULT. How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE
99 REFUSED

[ASK IF SAMPTYPE=2]

SVINTRO. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE]. [if STATE = RI, insert: Your continued participation in this telephone survey serves as express consent to be monitored or recorded.]

INTERVIEWER NOTE: The interview takes on average [LENGTH] minutes depending on your answers.

1 Continue
2 Driving / not a safe time [GO TO CALL BACK SCREEN]
9 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]

S1Q1. Section 1: Health Status

Would you say that in general your health is —

1 Excellent
2 Very good
3 Good
4 Fair, or
5 Poor

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 2: Healthy Days

[ASK ALL]

S2Q1. Section 2: Healthy Days

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

INTERVIEWER: 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S2Q2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

INTERVIEWER: 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

S2Q3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

INTERVIEWER: 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

Section 3: Healthcare Access

[ASK ALL]

S3Q1. Section 3: Healthcare Access

What is the current primary source of your health insurance?

Interviewer: If respondent has multiple sources of insurance, ask for the one used most often.

Interviewer: If respondent gives the name of a health plan rather than the type of coverage, ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

READ IF NECESSARY:

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- 08 Indian Health Service
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S3Q2. Do you have one person or a group of doctors that you think of as your personal health care provider?

If no, ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

If yes say: "Is that one person or more than one person, who you think of as your personal doctor or health care provider?"

NOTE: If the respondent had multiple doctor groups then it would be more than one. If they had more than one doctor in the same group, it would be one.

- 1 Yes, only one
- 2 More than one
- 3 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S3Q3. Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S3Q4. About how long has it been since you last visited a doctor for a routine checkup?

READ IF NECESSARY: A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

READ LIST ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)

- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

- 8 NEVER
- 7 DON'T KNOW
- 9 REFUSED

Section 4: Exercise

[ASK ALL]

S4Q1. Section 4: Exercise

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

INTERVIEWER: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 5: Hypertension Awareness

[ASK ALL]

S5Q1. Section 5: Hypertension Awareness

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

INTERVIEWER: If 'Yes' and respondent is female, ask: "Was this only when you were pregnant?"

INTERVIEWER READ IF NECESSARY: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline high or pre-hypertensive or elevated blood pressure

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S5Q1=2 AND HGENDER=1]

S5Q1A. INTERVIEWER: You recorded that the respondent was told by a doctor, nurse, or other health professional that she had high blood pressure. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

- 1 GO BACK [GO TO S5Q1]

[ASK IF S5Q1=1]

S5Q2. Are you currently taking prescription medicine for your high blood pressure?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 16: Home / Self-measured Blood Pressure (Split 1, 2, and 3)

[ASK IF CSTATE NE 2]

MOD16_1. Module 16: Home / Self-measured Blood Pressure

Has your doctor, nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

INTERVIEWER NOTE: By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD16_2. Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD16_2=1]

MOD16_3. Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

1 At home
2 On a machine at a pharmacy, grocery, or similar location
3 Do not check it

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD16_2=1]

MOD16_4. How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

1 Telephone
2 Other methods such as email, internet portal or fax
3 In person

4 DO NOT SHARE INFORMATION

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 6: Cholesterol Awareness

[ASK ALL]

S6Q1. Section 6: Cholesterol Awareness

Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

- 1 Never
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S6Q1=2,3,4,5,6,8]

S6Q2. Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

INTERVIEWER READ IF NECESSARY: By other health professional we mean nurse practitioner, a physician assistant, or some other health professional.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S6Q1=2,3,4,5,6,8]

S6Q3. Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

INTERVIEWER: If respondent questions why they might take drugs without having high cholesterol read: "Doctors might prescribe statin for those without high cholesterol but with atherosclerotic cardiovascular disease risk."

1 Yes
2 No

7 DON'T KNOW
9 REFUSED

Section 7: Chronic Health Conditions

[ASK ALL]

S7Q1. Section 7: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following?
For each, tell me yes, no, or you're not sure.

(Ever told) you had a heart attack also called a myocardial infarction?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S7Q2. (Ever told you had) angina or coronary heart disease?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S7Q3. (Ever told you had) a stroke?

1 Yes
2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S7Q4. (Ever told you had) asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S7Q4=1]

S7Q5. Do you still have asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S7Q6. (Ever told you had) skin cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S7Q7. (Ever told you had) any other types of cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S7Q8. (Ever told you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S7Q9. (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S7Q10. Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

READ IF NECESSARY: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S7Q11. (Ever told you had) diabetes?

INTERVIEWER: If yes and respondent is female ask: "Was this only when you were pregnant?"
If respondent says pre-diabetes or borderline diabetes, use response code 04.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF HGENDER=1 AND S7Q11=2]

S7Q11A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S7Q11]

[ASK IF S7Q11=1]

S7Q12. How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE
99 REFUSED

MD State Added Section 1: Chronic Obstructive Pulmonary Disease (COPD) Split 2 and 3

[ASK IF STATE=MD AND S7Q8 = 1 AND CSTATE NE 2 AND SPLIT=2,3]

MD1_1. State Added Section 1: Chronic Obstructive Pulmonary Disease (COPD) Split 2 and 3

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease or COPD. Would you say that shortness of breath affects the quality of your life?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND S7Q8 = 1 AND CSTATE NE 2 AND SPLIT=2,3]

MD1_2. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

LANG1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

1 ENGLISH
2 SPANISH

Section 8: Arthritis

[ASK ALL]

S8Q1. Section 8: Arthritis

Has a doctor, nurse, or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S8Q1=1]

S8Q2. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

INTERVIEWER NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S8Q1=1]

S8Q3. Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S8Q1=1]

S8Q4. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

INTERVIEWER NOTE: If a respondent question arises about medication, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S8Q1=1]

S8Q5. In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

INTERVIEWER NOTE: If respondent gives an answer to each issue (whether works, type or work or amount of work), then if any issues is "yes" mark the overall response as yes.

INTERVIEWER NOTE: If a question arises about medications or treatment, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S8Q1=1]

S8Q6. Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

Section 9: Demographics

[ASK ALL]

S9Q1. Section 9: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX]

07 DON'T KNOW / NOT SURE
09 REFUSED

[ASK IF S7Q12>S9Q1 AND S9Q1<> 07,09 AND S7Q12 NE 98,99]

S9Q1CHK. You said you are [S9Q1] years of age and told you had diabetes at age [S7Q12]. I must correct this inconsistency.

1 GO BACK [GO TO S9Q1]

[ASK ALL]

S9Q2. Are you Hispanic, Latino/a, or Spanish origin?

1 No, not of Hispanic, Latino/a, or Spanish origin

2 Yes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S9Q2=2]

[MUL=4]

S9Q2B. Are you...

INTERVIEWER NOTE: One or more categories may be selected.

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s9q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]

[MUL=6]

S9Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander

- 60 OTHER
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S9Q3=40]

[MUL=9]

S9Q3A. Is that ...

INTERVIEWER NOTE: Select all that apply.

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S9Q3=50]

[MUL=5]

S9Q3PI. Is that...

INTERVIEWER NOTE: Select all that apply.

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 60 Other

77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF NBR(S9Q3)>1]

[HIDE RESPONSES NOT SELECTED IN S9Q3 AND DISPLAY 60, 77, 99]

S9Q4. Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: If respondent has selected multiple races in previous and refuses to select a single race, code "refused."

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

60 Other
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF NBR(S9Q3A)>1 AND (NBR(S9Q3)==1 OR S9Q4=40)]

[HIDE RESPONSES NOT SELECTED IN S9Q3A AND DISPLAY 77, 99]

[IF S9Q3A NE MUL AND S9Q4=40, AUTO PUNCH S9Q3A RESPONSE]

S9Q4A. Is that...

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

60 Other
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF NBR(S9Q3PI)>1 AND (NBR(S9Q3)==1 OR S9Q4=50)]

[HIDE RESPONSES NOT SELECTED IN S9Q3PI AND DISPLAY 77, 99]

[IF S9Q3PI NE MUL AND S9Q4=50, AUTO PUNCH S9Q4PI RESPONSE]

S9Q4PI. Is that...

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 60 Other
- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

[ASK ALL]

S9Q5. Are you...?

PLEASE READ:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple

- 9 REFUSED

[ASK ALL]

S9Q6. What is the highest grade or year of school you completed?

READ ONLY IF NECESSARY

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

- 9 REFUSED

[ASK ALL]

S9Q7. Do you own or rent your home?

INTERVIEWER READ IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent.

- 1 Own
- 2 Rent
- 3 Other arrangement

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MD State-Added Section: County

[ASK IF STATE=MD AND CSTATE NE 2]

MD_CNTY. State-Added Section: County

In what county do you currently live?

INTERVIEWER: If respondent says Baltimore say "Is that Baltimore City or Baltimore County?"

- 001 Allegany
- 003 Anne Arundel
- 005 Baltimore
- 510 Baltimore City
- 009 Calvert
- 011 Caroline
- 013 Carroll
- 015 Cecil
- 017 Charles
- 019 Dorchester
- 021 Frederick
- 023 Garrett
- 025 Harford

027 Howard
029 Kent
031 Montgomery
033 Prince George's
035 Queen Anne's
037 St. Mary's
039 Somerset
041 Talbot
043 Washington
045 Wicomico
047 Worcester
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF STATE= MD AND CSTATE NE 2]

S9Q8. Aggregated state-specific county response

MD [MD_CNTY]
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE= MD AND S9Q8 NE 77,99 AND CSTATE NE 2]

S9Q8C. I just want to confirm, you said you live in the county of [S9Q8]. Is that correct?

1 Yes, correct county
2 No, incorrect county [GO BACK TO MD_cnty]

[ASK IF CSTATE=2]

CNTY. In what county do you currently live?

1 Gave Response [TEXT BOX]

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S9Q9. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE
99999 REFUSED

[ASK IF S9Q9 NE 77777,99999]

S9Q9C. I just want to confirm, you said your zip code is [S9Q9]. Is that correct?

1 Yes, correct zip code
2 No, incorrect zip code [GO BACK TO S9Q9]

[ASK IF SAMPTYPE=1]

S9Q10. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S9Q10=1 AND SAMPTYPE=1]

S9Q11. How many of these telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

6 6 or more
7 DON'T KNOW / NOT SURE
8 None
9 REFUSED

[ASK ALL]

S9Q12. How many cell phones do you have for personal use?

INTERVIEWER NOTE: Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

6 Six or more

- 7 DON'T KNOW / NOT SURE
- 8 NONE
- 9 REFUSED

[ASK ALL]

S9Q13. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S9Q14. Are you currently...?

INTERVIEWER NOTE: If more than one, say "Select the category which best describes you".

PLEASE READ:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- \$ Or
- 8 Unable to work

- 9 REFUSED

Module 24: Industry and Occupation (Split 1, 2, and 3)

[ASK IF S9Q14=1,2,4 AND CSTATE NE 2]

MOD24_1. Module 24: Industry and Occupation

What kind of work [IF S9Q14=1,2 INSERT “do”; IF S9Q14=4 INSERT “did”] you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask: What is your job title?

INTERVIEWER NOTE: If respondent has more than one job ask: What is your main job?

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK IF S9Q14=1,2,4 AND CSTATE NE 2]

MOD24_2. What kind of business or industry [IF S9Q14=1,2 INSERT “do”; IF S9Q14=4 INSERT “did”] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

INTERVIEWER NOTE: IF RESPONSE IS "health care", ASK: "What sector of health care is that? For example a hospital, health clinic, or nursing home?"

INTERVIEWER NOTE: IF RESPONSE IS "manufacturing", ASK "What does the business manufacture?"

01 Enter Response [TEXT BOX]

99 REFUSED

MD State Added Section 2: COVID-19 Split 1, 2 and 3

[ASK IF STATE= MD AND S9Q14 = 1, 2 OR 4 AND CSTATE NE 2]

MD2_10. Was there a time during the COVID-19 pandemic that you were able to work from home?

READ ONLY IF NECESSARY:

- 01 Yes, All of the time
- 02 Yes, Most of the time
- 03 Yes, About half of the time
- 04 Yes, Rarely
- 05 No, Essential Employee
- 06 No, Unable to work from home due to the nature of my job
- 07 No, I lost my job because of the shutdown

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

S9Q15. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

88 NONE
99 REFUSED

[ASK IF S9Q15=1-87]

S9Q15CHK. Just to be sure - you have [S9Q15] [IF S9Q15=1 INSERT "child"; IF S9Q15=2-87 INSERT "children"] under 18 living in your household. Is that correct?

1 Yes
2 No [GO BACK TO S9Q15]

9 REFUSED

[ASK ALL]

S9Q16A. Is your annual household income from all sources –

Less than \$35,000 (\$25,000 to less than \$35,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16A=01]

S9Q16B. Less than \$25,000 (\$20,000 to less than \$25,000)?

INTERVIEWER NOTE: If respondent refuses at any income level, code '99' (refused)

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16B=01]

S9Q16C. Less than \$20,000 (\$15,000 to less than \$20,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16C=01]

S9Q16D. Less than \$15,000 (\$10,000 to less than \$15,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16D=01]

S9Q16E. Less than \$10,000?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16A=02]

S9Q16F. Less than \$50,000 (\$35,000 to less than \$50,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q16F=02]

S9Q16G. Less than \$75,000 (\$50,000 to less than \$75,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q16G=02]

S9Q16H. Less than \$100,000 (\$75,000 to less than \$100,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q16H=02]

S9Q16I. Less than \$150,000 (\$100,000 to less than \$150,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q16I=02]

S9Q16J. Less than \$200,000 (\$150,000 to less than \$200,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q16J=02]

S9Q16K. \$200,000 or more?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

SET S9Q16=01 IF S9Q16E=01
SET S9Q16=02 IF S9Q16E=02
SET S9Q16=03 IF S9Q16D=02
SET S9Q16=04 IF S9Q16C=02
SET S9Q16=05 IF S9Q16B=02
SET S9Q16=06 IF S9Q16F=01
SET S9Q16=07 IF S9Q16G=01
SET S9Q16=08 IF S9Q16H=01
SET S9Q16=09 IF S9Q16I=01
SET S9Q16=10 IF S9Q16J=01 OR IF S9Q16K=02
SET S9Q16=11 IF S9Q16K=01
SET S9Q16=77 IF ANY S9Q16A-S9Q16K=77

SET S9Q16=99 IF ANY S9Q16A-S9Q16K=99

[ASK ALL]

S9Q16. Aggregated response to income question

- 05 Less than \$35,000 (\$25,000 to less than \$35,000)
- 04 Less than \$25,000 (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 (\$15,000 to less than \$20,000)
- 02 Less than \$15,000 (\$10,000 to less than \$15,000)
- 01 Less than \$10,000
- 06 Less than \$50,000 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 (\$50,000 to less than \$75,000)
- 08 Less than \$100,000 (\$75,000 to less than \$100,000)
- 09 Less than \$150,000 (\$100,000 to less than \$150,000)
- 10 Less than \$200,000 (\$150,000 to less than \$200,000)
- 11 \$200,000 or more

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S9Q16 NE 77,99]

S9Q16AA. Your Annual Household Income is [S9Q16]. Is This Correct?

- 1 Yes, correct as is.
- 2 No, re-ask question [GO BACK TO S9Q16A]

[ASK IF HGENDER=2 AND S9Q1=18-49]

S9Q17. To your knowledge, are you now pregnant?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

PS9Q18. About how much do you weigh without shoes?

INTERVIEWER NOTE: ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS9Q18=P]

S9Q18. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-999 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S9Q18=50-79 OR S9Q18=351-776]

S9Q18_A. Just to double-check, you indicated [S9Q18] pounds as your weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S9Q18]

[ASK IF PS9Q18=K]

S9Q18M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S9Q18M=23-352 AND PS9Q18=K]

S9Q18AM. Just to double-check, you indicated [S9Q18M] kilograms as your weight. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S9Q18M]

[ASK ALL]

PS9Q19. About how tall are you without shoes?

INTERVIEWER NOTE: ENTER "F" FOR HEIGHT GIVEN IN FEET OR ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

- F Feet
- M Centimeters

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PS9Q19=F]

S9Q19. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions down. Enter height in Feet and Inches Ex: 5 feet 9 inches would be entered as 509

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]

- 7777 DON'T KNOW / NOT SURE
- 9999 REFUSED

[ASK IF S9Q19=300-407 OR S9Q19=609-711]

S9Q19A. Just to double check, you indicated you are [S9Q19] FEET / INCHES TALL. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S9Q19]

[ASK IF PS9Q19=M]

S9Q19M. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions up. Enter height in centimeters. Ex: 2 meters 5 centimeters would be entered as 205

RANGE 90-254 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S9Q19M=90-254 AND PS9Q19=M]

S8Q19AM. Just to double check, you indicated you are [S9Q19M] centimeters tall. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S9Q19M]

Section 10: Disability

[ASK ALL]

S10Q1. Section 10: Disability

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S10Q2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S10Q3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S10Q4. Do you have serious difficulty walking or climbing stairs?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S10Q5. Do you have difficulty dressing or bathing?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S10Q6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 11: Tobacco Use

[ASK ALL]

S11Q1. Section 11: Tobacco Use

Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: Do not include: electronic cigarettes (e-cigarettes, njoy, bluetin, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

INTERVIEWER NOTE: 5 packs = 100 cigarettes

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S11Q1=1]

S11Q2. Do you now smoke cigarettes every day, some days, or not at all?

DO NOT READ:

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S11Q3. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

READ IF NECESSARY: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

DO NOT READ:

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

MD State Added Section 3: E-Cigarettes (Split 1 AND 2)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2]

MD3_1. State Added Section 3: E-Cigarettes Split 1 and 2

Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

Read if Necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S11Q4. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

DO NOT READ

- 1 Every day
- 2 Some days
- 3 Not at all
- 4 Never used e-cigs

7 DON'T KNOW / NOT SURE
9 REFUSED

MD State Added Section 3: E-Cigarettes Continued (Split 1 AND 2)

[ASK IF STATE=MD AND S11Q4= 1 OR 2 AND CSTATE NE 2 AND SPLIT=1,2]

MD3_2. State Added Section 3: E-Cigarettes Split 1 and 2

What is the main reason you use electronic vapor products?

DO NOT READ

- 1 I am trying to quit smoking
- 2 I use when not allowed to smoke
- 3 They are safer than using tobacco
- 4 The novelty of using them
- 5 Other (Specify) [TEXT BOX]

7 DON'T KNOW / NOT SURE
9 REFUSED

MD State Added Section 4: Tobacco Products (Split 1 AND 2)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2]

MD4_1. State Added Section X: Tobacco Products Split 1 and 2

Cigar products come in a wide variety of sizes, ranging from large traditional cigars, to blunts, to cigarillos, and even smaller cigars that are about the same size and shape as cigarettes. Some common brand names include Black and Mild's, Phillies, Swisher Sweets, and Winchester.

In the past 30 days, did you smoke any cigars?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2]

MD4_2. Do you currently use any tobacco products other than cigarettes, cigars, or chewing tobacco, such as pipes, hookah, bidis, kreteks, or dissolvable tobacco products?

INTERVIEWER NOTE: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND S11Q2=1 AND CSTATE NE 2]

MD4_3. During the past 30 days, that is, since [CDATEM30], were the cigarettes that you USUALLY smoked menthol?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 22: Tobacco Cessation (Split 1 and 2)

[ASK IF S11Q1=1 AND S11Q2=3 AND CSTATE NE 2]

MOD22_1. Module 22: Tobacco Cessation

How long has it been since you last smoked a cigarette, even one or two puffs?

READ ONLY IF NECESSARY:

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

DO NOT READ:

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S11Q2=1,2 AND CSTATE NE 2]

MOD22_2. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MD State Added Section 5: Smoking Frequency Split 1 and 2

[ASK IF STATE=MD AND (S11Q2= 1 OR 2 OR MOD22_1 = 01) AND CSTATE NE 2 AND SPLIT=1,2]

MD5_1. State Added Section 5: Smoking Frequency Split 1 and 2

On the days that you smoke, how soon after you wake up do you usually have your first cigarette?

1 Within 5 minutes
2 From 6 to 30 minutes
3 From more than 30 minutes to 1 hour
4 After more than 1 hour

7 DON'T KNOW / NOT SURE
9 REFUSED

MD State Added Section 6: Smoking Cessation Split 1 and 2

[ASK IF STATE=MD AND (S11Q2= 1 OR 2 OR S11Q3 = 1 OR 2) AND CSTATE NE 2 AND SPLIT=1,2]

MD6_1. State Added Section 6: Smoking Cessation Split 1 and 2

Are you seriously thinking about quitting the use of all tobacco products?

1 Yes, during the next 30 days
2 Yes, during the next 6 months
3 Yes, during the next 12 months
4 Yes, but not during the next 12 months
5 No, I am not thinking about quitting the use of all tobacco products

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND (S11Q2= 1 OR 2 OR S11Q3 = 1 OR 2) AND CSTATE NE 2 AND SPLIT=1,2]

MD6_2. During the past 12 months, how many times have you stopped using all tobacco products for one day or longer because you were trying to quit all tobacco products for good?

- 01 1 Time
- 02 2 Times
- 03 3 to 5 Times
- 04 6 to 9 times
- 06 10 or more times
- 07 I did not try to quit all tobacco products during the past 12 months

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=MD AND S11Q4= 1,2 AND CSTATE NE 2 AND SPLIT=1,2]

MD6_3. Are you seriously thinking about quitting e-cigarettes?

- 1 Yes, during the next 30 days
- 2 Yes, during the next 6 months
- 3 Yes, during the next 12 months
- 4 Yes, but not during the next 12 months
- 5 No, I am not thinking about quitting e-cigarettes

7 DON'T KNOW/ NOT SURE
9 REFUSED

[ASK IF STATE=MD AND (S11Q4= 1 OR 2) AND CSTATE NE 2 AND SPLIT=1,2]

MD6_4. During the past 12 months, how many times have you stopped using e-cigarettes for one day or longer because you were trying to quit using e-cigarettes for good?

- 1 1 time
- 2 2 times
- 3 3 to 5 times
- 4 6 to 9 times
- 5 10 or more times
- 6 I did not try to quit using e-cigarettes during the past 12 months

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 21: Marijuana Use (Split 1, 2, and 3)

[ASK IF CSTATE NE 2]

MOD21_1. Module 21: Marijuana Use

During the past 30 days, on how many days did you use marijuana or cannabis?

INTERVIEWER NOTE: If asked, participants should be advised NOT to include hemp-based CBD products

RANGE 1-30 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD21_1 =1-30]

MOD21_2. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

INTERVIEWER NOTE: Select one. If respondent provides more than one say: "Which way did you use it most often?"

INTERVIEWER: Read parentheticals only if asked for more detail

PLEASE READ:

- 1 **Smoke it** (for example, in a joint, bong, pipe, or blunt).
- 2 **Eat it** (for example, in brownies, cakes, cookies, or candy)
- 3 **Drink it** (for example, in tea, cola, or alcohol)
- 4 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 5 **Dab it** (for example, using a dabbing rig, knife, or dab pen), or
- 6 **Use it some other way.**

DO NOT READ:

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD21_1 =1-30]

MOD21_3. When you used marijuana or cannabis during the past 30 days, was it usually:

PLEASE READ:

- 1 For medical reasons;
- 2 For non-medical reasons or
- 3 For both medical and non-medical reasons

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 12: Alcohol Consumption

[ASK ALL]

S12Q1. Section 12: Alcohol Consumption

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

READ IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

1__ Days per week (RANGE 101-107)

2__ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

- 888 No drinks in past 30 days
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF S12Q1 NE 888,777,999]

S12Q2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER READ ONLY IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

RANGE 1-76 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S12Q2=12-76]

S12Q2A. I am sorry, you just said that you consume [S12Q2] drinks per day. Is that correct?

1 Correct as is
2 No, Re-ask question [GO BACK TO S12Q2]

[ASK IF S12Q1 NE 888,777,999]

S12Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

88 NO DAYS
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S12Q3=16-76]

S12Q3A. I am sorry, you said that in the past month there were [S12Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

1 Correct as is
2 No, Re-ask question [GO BACK TO S12Q3]

[ASK IF S12Q1 NE 888,777,999]

S12Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S12Q4=16-76]

S12Q4A. I am sorry, you said that in the past 30 days you had [S12Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q4]

[ASK IF (S12Q3=88 AND HGENDER=2 AND S12Q4=4-76) OR (S12Q3=88 AND HGENDER=1 AND S12Q4=5-76)]

S12Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q4]

[ASK IF (S12Q3=1-76 AND HGENDER=2 AND S12Q4=1-3) OR (S12Q3=1-76 AND HGENDER=1 AND S12Q4=1-4)]

S12Q4C. I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S12Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q3]

Section 13: Immunization

[ASK ALL]

S13Q1. Section 13: Immunization

During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

READ ONLY IF NECESSARY: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S13Q1=1]

S13Q2M. During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S13Q1=1]

S13Q2Y.

Code YEAR (RANGE 2020-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S13Q1=1 AND S13Q2M<CMONTH AND S13Q2Y<CYEAR]

S13Q2CHK. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

1 Yes [GO BACK TO S13Q2M]
2 No

[ASK IF S13Q2Y=CYEAR AND S13Q2M>CMONTH AND NOT(S13Q2M=77,99)]

S13Q2CHK2. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S13Q2M]

[ASK IF S13Q1=1 AND CSTATE NE 2 AND S13Q2CHK NE 2]

S13Q3. At what kind of place did you get your last flu shot or vaccine?

READ IF NECESSARY: How would you describe the place where you went to get your most recent flu vaccine?

INTERVIEWER NOTE: If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12".

READ IF NECESSARY:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

DO NOT READ:

- 12 A drive through location at some other place than listed above
- 10 RECEIVED VACCINATION IN CANADA/MEXICO
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S13Q4. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

READ IF NECESSARY: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 8: COVID Vaccination (Split 1, 2, and 3)

[ASK IF CSTATE NE 2]

MOD8_1. Module 8: COVID Vaccination

Have you had a COVID-19 vaccination?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD8_1=2 AND CSTATE NE 2]

MOD8_2. Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

- 1 Will definitely get a vaccine
- 2 Will probably get a vaccine
- 3 Will probably not get a vaccine
- 4 Will definitely not get a vaccine

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD8_1=1 AND CSTATE NE 2]

MOD8_3. How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two or more

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_3=1,7,9 AND CSTATE NE 2]

MOD8_4. Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?

1 Already received all recommended doses
2 Plan to receive all recommended doses
3 Do not plan to receive all recommended doses

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_3=1,2 AND CSTATE NE 2]

MOD8_5M. During what month and year did you receive your [IF MOD8_3=2 INSERT "first"] COVID-19 vaccination?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD8_3=1,2 AND CSTATE NE 2]

MOD8_5Y.

Code YEAR (RANGE 2020-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF MOD8_5Y=CYEAR AND MOD8_5M>CMONTH AND NOT(MOD8_5M=77,99)]

MOD8_5CHK. I'm sorry, but you said you had a COVID vaccination within the past 12 months, but you have just given me a date for your vaccination that is in the future. I must go back and correct this inconsistency.

1 Yes [GO BACK TO MOD8_5M]
2 No

[ASK IF MOD8_3=2 AND CSTATE NE 2]

MOD8_6M. During what month and year did you receive your second COVID-19 vaccination?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD8_3=2 AND CSTATE NE 2]

MOD8_6Y.

Code YEAR (RANGE 2020-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF MOD8_6Y=CYEAR AND MOD8_6M>CMONTH AND NOT(MOD8_6M=77,99)]

MOD8_6CHK. I'm sorry, but you said you had a COVID vaccination within the past 12 months, but you have just given me a date for your vaccination that is in the future. I must go back and correct this inconsistency.

1 Yes [GO BACK TO MOD8_6M]
2 No

MD State Added Section 13: COVID Vaccine CHILDREN (Split 1, 2, and 3)

[ASK IF STATE = MD AND S9Q15 = 1-87 AND CSTATE NE 2]

MD13_1. If a COVID-19 vaccine is available or becomes available, how likely, or unlikely is it that you will get the vaccine for your child or children? Would you say it is...

- 1 Certain that your child or children will get it or already received it
- 2 Will probably get a vaccine
- 3 Will probably not get a vaccine
- 4 Will definitely not get a vaccine

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE = MD AND MD13_1=3, 4, 7 AND CSTATE NE 2]

MD13_2. Why would you not have your child or children get the vaccine?

INTERVIEWER NOTE: [Do not read responses]

- 01 I don't vaccinate my children/don't believe in vaccines
- 02 Worried about safety of the vaccine
- 03 Don't think COVID-19 is that bad
- 04 My child/children are not high risk
- 05 Very little COVID-19 in my area
- 06 Worried about the speed at which the COVID-19 vaccines are being developed
- 07 Don't want to be the first/waiting to see how it works for other children before they get

it

- 08 Don't trust the government

09 Don't trust vaccine manufacturers
10 Other: (Specify) [TEXT BOX]
77 Don't know/ Not Sure
99 REFUSED

Section 14: H.I.V./AIDS

[ASK ALL]

S14Q1. Section 14: H.I.V./AIDS

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

INTERVIEWER NOTE: Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S14Q1=1]

S14Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

INTERVIEWER NOTE: If response is before January 1985, code "Don't know."

INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

01 January
02 February
03 March
04 April
05 May
06 June

07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q1=1]

S14Q2Y.

Code YEAR (RANGE 1985-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S14Q2Y=CYEAR AND S14Q2M>CMONTH AND NOT(S14Q2M=77,99)]

S14Q2CHK. I'm sorry, but you said you had a H.I.V. test within the past 12 months, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S14Q2M]

Section 15: Fruits and Vegetables

[ASK ALL]

S15Q1. Section 15: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': "Include fresh, frozen or canned fruit. Do not include dried fruits."

INTERVIEWER NOTE: If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. **Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.**

INTERVIEWER NOTE: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “was that per day, week, or month?”

- 1__ Day (RANGE 101-199)
- 2__ Week (RANGE 201-299)
- 3__ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S15Q2. Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: “Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends.”

INTERVIEWER NOTE: Enter quantity in times per day, week, or month. If a respondent gives a number without a time frame, ask “Was that per day, week or month?”

- 1__ Day (RANGE 101-199)
- 2__ Week (RANGE 201-299)
- 3__ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S15Q3. How often did you eat a green leafy or lettuce salad, with or without other vegetables?

READ IF RESPONDENT ASKS ABOUT SPINACH: “Include spinach salads.”

INTERVIEWER NOTE: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week or month?”

- 1__ Day (RANGE 101-199)
- 2__ Week (RANGE 201-299)
- 3__ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S15Q4. How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “Do not include potato chips”

INTERVIEWER NOTE: Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

- 1__ Day (RANGE 101-199)
- 2__ Week (RANGE 201-299)
- 3__ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S15Q5. How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE:

“Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes.”

INTERVIEWER NOTE: Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

- 1__ Day (RANGE 101-199)
- 2__ Week (RANGE 201-299)
- 3__ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S15Q6. Not including lettuce salads and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

- 1__ Day (RANGE 101-199)
- 2__ Week (RANGE 201-299)
- 3__ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

Optional Modules

Module 9: Lung Cancer Screening (Split 2 and 3)

[ASK IF (S11Q1=1 AND S11Q2=1,2,3 AND CSTATE NE 2)]

MOD9_1. Module 9: Lung Cancer Screening

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

RANGE 1-100 [NUMBER BOX]

888 NEVER SMOKE CIGARETTES REGULARLY
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S9Q1<MOD9_1 AND S9Q1 NE 07,09 AND MOD9_1 NE 888,777,999 AND CSTATE NE 2]

MOD9_1C. Previously you indicated you were [S9Q1] years old, but stated you were [MOD9_1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO MOD9_1]

[ASK IF (S11Q1=1 AND S11Q2=1,2,3 AND MOD9_1 NE 888 AND CSTATE NE 2)]

MOD9_2. How old were you when you last smoked cigarettes regularly?

RANGE 1-100 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF MOD9_1=1-100 AND ((S9Q1=18-99 AND (S9Q1<MOD9_2)) AND S9Q1 NE 07,09) AND MOD9_2 NE 777,999 AND CSTATE NE 2]

MOD9_2C. Previously you indicated you were [S9Q1] years old, but stated you were [MOD9_2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO MOD9_2]

[ASK IF S11Q1=1 AND S11Q2=1,2,3 AND MOD9_1 NE 888 AND CSTATE NE 2]

MOD9_3. On average, when you [IF S11Q2=1,2 INSERT "smoke"; IF S11Q2=3 INSERT "smoked"] regularly, about how many cigarettes [IF S11Q2=1,2 INSERT "do"; IF S11Q2=3 INSERT "did"] you usually smoke each day?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

INTERVIEWER NOTE: Respondents may answer in packs instead of number of cigarettes. Below is a conversion table:

0.5 PACK = 10 CIGARETTES	1.75 PACK = 35 CIGARETTES
0.75 PACK = 15 CIGARETTES	2 PACKS = 40 CIGARETTES
1 PACK = 20 CIGARETTES	2.5 PACKS= 50 CIGARETTES
1.25 PACK = 25 CIGARETTES	3 PACKS= 60 CIGARETTES
1.5 PACK = 30 CIGARETTES	

RANGE 1-300 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF CSTATE NE 2]

MOD9_4. The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

READ ONLY IF NECESSARY:

- 1 Yes, to check for lung cancer
- 2 No (did not have a CT scan)
- 3 Had a CT scan, but for some other reason

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 13: Cancer Survivorship : Type of Cancer (Split 3)

[ASK IF (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]

MOD13_1. Module 13: Cancer Survivorship

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD13_1=1,2,3]

MOD13_2. At what age were you [IF MOD13_1=1 INSERT “told that you had cancer?”; IF MOD13_1=2,3 INSERT “first diagnosed with cancer?”]

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX]

- 98 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD13_2>S9Q1 AND S9Q1 NE 07,09 AND MOD13_2 NE 98,99 AND CSTATE NE 2]

MOD13_2C. You said you were [S9Q1] years of age and told that you had cancer at age [MOD13_2]. I must correct this inconsistency.

- 1 Continue [GO BACK TO MOD13_2]

[ASK IF S7Q6=1 AND MOD13_1=1 AND CSTATE NE 2]

MOD13_3A. Was it “Melanoma” or “other skin cancer”?

- 21 Melanoma
- 22 Other Skin Cancer

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD13_1=2,3 OR (MOD13_1=1 AND S7Q6<>1)]

MOD13_3. [IF MOD13_1=1 AND S7Q6 NE 1 INSERT “What type of cancer was it?”; IF MOD13_1=2,3 INSERT “With your most recent diagnoses of cancer, what type of cancer was it?”]

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer)

\$ Breast

01 Breast cancer

\$ Female reproductive (Gynecologic)

02 Cervical cancer (cancer of the cervix)

03 Endometrial cancer (cancer of the uterus)

04 Ovarian cancer (cancer of the ovary)

\$ Head/Neck

05 Head and neck cancer

06 Oral cancer

07 Pharyngeal (throat) cancer

08 Thyroid

09 Larynx

\$ Gastrointestinal

10 Colon (intestine) cancer

11 Esophageal (esophagus)

12 Liver cancer

13 Pancreatic (pancreas) cancer

14 Rectal (rectum) cancer

15 Stomach

\$ Leukemia/Lymphoma (lymph nodes and bone marrow)

16 Hodgkin's Lymphoma (Hodgkin's disease)

17 Leukemia (blood) cancer

18 Non-Hodgkin's Lymphoma

\$ Male reproductive

19 Prostate cancer

20 Testicular cancer

\$ Skin

21 Melanoma

22 Other skin cancer

\$ Thoracic

- 23 Heart
- 24 Lung

\$ Urinary cancer

- 25 Bladder cancer
- 26 Renal (kidney) cancer

\$ Others

- 27 Bone
- 28 Brain
- 29 Neuroblastoma
- 30 Other

77 DON'T KNOW / NOT SURE

99 REFUSED

Module 14: Cancer Survivorship: Course of Treatment (Split 3)

[ASK IF (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]

MOD14_1. Module 14: Cancer Survivorship: Course of treatment

Are you currently receiving treatment for cancer?

READ ONLY IF NECESSARY: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

READ ONLY IF NECESSARY:

- 1 Yes
- 2 No, I've completed treatment
- 3 No, I've refused treatment
- 4 No, I haven't started treatment
- 5 Treatment was not necessary

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD14_1=2]

MOD14_2. What type of doctor provides the majority of your health care? Is it a ...

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).

READ IF NECESSARY: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.

PLEASE READ:

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other

DO NOT READ:

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD14_1=2]

MOD14_3. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

READ ONLY IF NECESSARY: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD14_1=2]

MOD14_4. Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD14_4=1]

MOD14_5. Were these instructions written down or printed on paper for you?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD14_1=2]

MOD14_6. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

READ ONLY IF NECESSARY: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD14_1=2]

MOD14_7. Were you ever denied health insurance or life insurance coverage because of your cancer?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD14_1=2]

MOD14_8. Did you participate in a clinical trial as part of your cancer treatment?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 15: Cancer Survivorship: Pain Management (Split 3)

[ASK IF (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]

MOD15_1. Module 15: Cancer Survivorship: Pain Management

Do you currently have physical pain caused by your cancer or cancer treatment?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD15_1=1]

MOD15_2. Would you say your pain is currently under control ...?

PLEASE READ:

1 With medication (or treatment)

2 Without medication (or treatment)

3 Not under control, with medication (or treatment)

4 Not under control, without medication (or treatment)

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

MD State Added Section 7: Indoor Tanning (Split 3)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=3]

MD7_1. State Added Section 7: Indoor Tanning Split 3

Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth?

RANGE 0-365 [NUMBER BOX]

777 DON'T KNOW / NOT SURE

999 REFUSED

MD State Added Section 8: Excess Sun Exposure (Split 3)

[ASK IF STATE= MD AND CSTATE NE 2 AND SPLIT=3]

MD8_1. State Added Section 8: Excess Sun Exposure Split 3

During the past 12 months, how many times have you had a sunburn?

RANGE 0-365 [NUMBER BOX]

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=3]

MD8_2. When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that...

INTERVIEWER NOTE: Protection from the sun may include using sunscreen, wearing a wide-brimmed hat, or wearing a long-sleeved shirt.

PLEASE READ:

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ:

- 6 Don't stay outside for more than one hour on warm sunny days
- 8 Don't go outside at all on warm sunny days
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=3]

MD8_3. On weekdays, in the summer, how long are you outside per day between 10am and 4pm?

INTERVIEWER NOTE: Friday is a weekday

INTERVIEWER NOTE: If respondent says never code 01

- 01 Less than half an hour
- 02 (More than half an hour) up to 1 hour
- 03 (More than 1 hour) up to 2 hours
- 04 (More than 2 hours) up to 3 hours
- 05 (More than 3 hours) up to 4 hours
- 06 (More than 4 hours) up to 5 hours
- 07 (More than 5) up to 6 hours

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=3]

MD8_4. On weekends in the summer, how long are you outside each day between 10am and 4pm?

INTERVIEWER NOTE: Friday is a weekday

INTERVIEWER NOTE: If respondent says never code 01

- 01 Less than half an hour
- 02 (More than half an hour) up to 1 hour
- 03 (More than 1 hour) up to 2 hours
- 04 (More than 2 hours) up to 3 hours
- 05 (More than 3 hours) up to 4 hours
- 06 (More than 4 hours) up to 5 hours
- 07 (More than 5) up to 6 hours

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Module 18: Cognitive Decline (Split 1)

[ASK IF (S9Q1>=45 OR S9Q1=07,09) AND CSTATE NE 2]

MOD18_1. Module 18: Cognitive Decline

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD18_1=1,7]

MOD18_2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...

PLEASE READ:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD18_1=1,7]

MOD18_3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

PLEASE READ:

- 1 Always

- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD18_3=1,2,3]

MOD18_4. When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

PLEASE READ:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD18_1=1,7]

MOD18_5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...

PLEASE READ:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD18_1=1,7]

MOD18_6. Have you or anyone else discussed your confusion or memory loss with a health care professional?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 19: Caregiver (Split 1)

[ASK IF CSTATE NE 2]

MOD19_1. Module 19: Caregiver

During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

INTERVIEWER NOTE: If caregiving recipient has died in the past 30 days, code 08 and say: "I'm so sorry to hear of your loss."

- 1 Yes
- 2 No

- 8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]

MOD19_2. What is his or her relationship to you?

INTERVIEWER NOTE: If more than one person, say: Please refer to the person to whom you are giving the most care.

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child

- 06 Husband
- 07 Wife
- 08 Live in partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative / Family friend

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK OF MOD19_1=1 AND CSTATE NE 2]

MOD19_3. For how long have you provided care for that person? Would you say...

READ:

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

DO NOT READ:

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]

MOD19_4. In an average week, how many hours do you provide care or assistance? Would you say...

READ:

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]

MOD19_5. What is the main health problem, long-term illness, or disability that the person you care for has?

READ ONLY IF NECESSARY: Please tell me which one of these conditions would you say is the major problem?

- 01 Arthritis/Rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as Emphysema or COPD
- 05 Alzheimer's disease, Dementia or other Cognitive Impairment Disorder
- 06 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 07 Diabetes
- 08 Heart Disease, Hypertension, Stroke
- 09 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

77 DON'T KNOW / NOT SURE

99 REFUSED

ASK IF MOD19_1=1 AND MOD19_5=01,02,03,04,06,07,08,09,10,11,12,13,14,15,77,99 AND CSTATE NE 2]

MOD19_6. Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]

MOD19_7. In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]

MOD19_8. In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD19_1=2,7,9 AND CSTATE NE 2]

MOD19_9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 25: Random Child Selection (Split 1, 2, and 3)

[ASK IF S9Q15=1 AND CSTATE NE 2]

MOD25T1. Module 25: Random Child Selection

Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

- 1 Continue

[ASK IF S9Q15=2-87]

[IF S9Q15=2-87, RANDOMLY SET RNDS9Q15 USING S9Q15 RESPONSE FOR RANDOMIZATION]

RNDS9Q15. System Generated Variable: Randomly Selected Child

- 01 first
- 02 second
- 03 third
- 04 fourth
- 05 fifth
- 06 sixth
- 07 seventh
- 08 eighth
- 09 ninth
- 10 tenth
- 11 eleventh
- 12 twelfth
- 13 thirteenth
- 14 fourteenth
- 15 fifteenth
- 16 sixteenth
- 17 seventeenth
- 18 eighteenth
- 19 nineteenth
- 20 twentieth
- 21 twenty-first
- 22 twenty-second
- 23 twenty-third
- 24 twenty-fourth
- 25 twenty-fifth
- 26 twenty-sixth
- 27 twenty-seventh
- 28 twenty-eighth
- 29 twenty-ninth
- 30 thirtieth
- 31 thirty-first
- 32 thirty-second
- 33 thirty-third

34 thirty-fourth
35 thirty-fifth
36 thirty-sixth
37 thirty-seventh
38 thirty-eighth
39 thirty-ninth
40 fortieth
41 forty-first
42 forty-second
43 forty-third
44 forty-fourth
45 forty-fifth
46 forty-sixth
47 forty-seventh
48 forty-eighth
49 forty-ninth
50 fiftieth
51 fifty-first
52 fifty-second
53 fifty-third
54 fifty-fourth
55 fifty-fifth
56 fifty-sixth
57 fifty-seventh
58 fifty-eight
59 fifty-ninth
60 sixtieth
61 sixty-first
62 sixty-second
63 sixty-third
64 sixty-fourth
65 sixty-fifth
66 sixty-sixth
67 sixty-seventh
68 sixty-eighth
69 sixty-ninth
70 seventieth
71 seventy-first
72 seventy-second
73 seventy-third

- 74 seventy-fourth
- 75 seventy-fifth
- 76 seventy-sixth
- 77 seventy-seventh
- 78 seventy-eighth
- 79 seventy-ninth
- 80 eightieth
- 81 eighty-first
- 82 eighty-second
- 83 eighty-third
- 84 eighty-fourth
- 85 eighty-fifth
- 86 eighty-sixth
- 87 eighty-seventh

[ASK IF S9Q15=2-87 AND CSTATE NE 2]

MOD25T2. Previously, you indicated there were [S9Q15] children age 17 or younger in your household. Think about those [S9Q15] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is the [RNDS9Q15] child in your household. All following questions about children will be about the [RNDS9Q15] child.

1 Continue

[ASK IF S9Q15=1-87AND CSTATE NE 2]

MOD25_1M. What is the birth month and year of the [RNDS9Q15] child?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September

10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q15=1-87 AND CSTATE NE 2]

MOD25_1Y.

Code YEAR (RANGE 2003-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF MOD25_1Y<=2021]

CHLDAGE1. Calculate child's age in months.

[ASK IF MOD25_1Y<=2021]

CHLDAGE2. Calculate child's age in years

[ASK IF S9Q15=1-87AND CSTATE NE 2]

MOD25_2. Is the child a boy or a girl?

1 Boy
2 Girl

9 REFUSED

[ASK IF S9Q15=1-87AND CSTATE NE 2]

MOD25_3. Is the child Hispanic, Latino/a, or Spanish origin?

5 No, not of Hispanic, Latino/a, or Spanish origin
1 Yes

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD25_3=1]

[MUL=4]

MOD25_3B. Are they...

INTERVIEWER NOTE: One or more categories may be selected

PLEASE READ:

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

DO NOT READ:

- 5 No [EXCLUSIVE]
- 7 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 9 REFUSED [EXCLUSIVE]

[ASK IF S9Q15=1-87 AND CSTATE NE 2]

[MUL=5]

MOD25_4. Which one or more of the following would you say is the race of the child?

INTERVIEWER NOTE: SELECT ALL THAT APPLY

PLEASE READ:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander

DO NOT READ:

- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF MOD25_4=40]

[MUL=8]

MOD25_4A. Is that...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

DO NOT READ:

- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF MOD25_4=50]

[MUL=5]

MOD25_4P. Is that...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

DO NOT READ:

- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF NBR(MOD25_4)>1]

[HIDE RESPONSES NOT SELECTED IN MOD25_4 AND DISPLAY 77,99]

MOD25_5. Which one of these groups would you say best represents the child's race?

- 10 White
- 20 Black or African American

30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

60 Other
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF NBR(MOD25_4A)>1 AND (NBR(MOD25_4)==1 OR MOD25_5=40)]
[HIDE RESPONSES NOT SELECTED IN MOD25_4A AND DISPLAY 77,99]
[IF MOD25_4 NE MUL AND MOD25_5=40 AUTO PUNCH WITH MOD25_4A RESPONSE]
MOD25_5A. Is that...

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

60 Other
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF NBR(MOD25_4P)>1 AND (NBR(MOD25_4)==1 OR MOD25_5=50)]
[HIDE RESPONSES NOT SELECTED IN MOD25_4P AND DISPLAY 77,99]
[IF MOD25_4P NE MUL AND MOD25_5=50 AUTO PUNCH WITH MOD25_4P RESPONSE]
MOD25_5P. Is that...

51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

60 Other
77 DON'T KNOW / NOT SURE
99 REFUSED

[DATA PROCESSING NOTE: MOD25_5 is presented as one question, combine MOD22_5A and MOD25_5P into MOD25_5 for delivery]

[ASK IF S9Q15=1-87AND CSTATE NE 2]

MOD25_6. How are you related to the child? Are you a...

PLEASE READ:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 26: Childhood Asthma Prevalence (Split 1, 2, and 3)

[ASK IF S9Q15=1-87 AND CSTATE NE 2]

MOD26_1. Module 26: Childhood Asthma Prevalence

The next two questions are about the [RNDS9Q15] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD26_1=1]

MOD26_2. Does the child still have asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Maryland State Added Sections

MD State Added Section 2: COVID-19 Continued Split 1, 2 and 3

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD2_1. State Added Section 2: COVID-19 Split 1, 2 and 3

Have you personally been tested for COVID-19 (coronavirus)?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD2_2. Have you or anyone else in your household been diagnosed with COVID-19?

Interviewer: If needed ask "Who in your household has been diagnosed?"

- 1 Yes, I have
- 2 Yes, someone else in my household
- 3 Yes, both myself and at least one other person in my household
- 4 No one in my household

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MD2_2=1 OR 3 AND CSTATE NE 2]

MD2_3M. During what month and year were you diagnosed with COVID-19?

- 01 January
- 02 February
- 03 March

04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MD2_2=1 OR 3 AND CSTATE NE 2]

MD2_3Y.

Code YEAR (RANGE 2020-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF MD2_3Y =CYEAR AND MD2_3M >CMONTH AND NOT(MD2_3M=77,99)]

MD2_3CHK2. I'm sorry, but you said you or someone in your household was diagnosed with COVID-19 in the past, but you have just given me a date for the most recent diagnoses occurring on a date in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO MD2_3M]

[ASK IF MD2_2=1 OR 3 AND CSTATE NE 2]

MD2_4. Following your positive COVID-19 diagnosis, have you had any lingering symptoms?

Interviewer Note: If needed, read "Symptoms may include: fatigue; cough, congestion, or shortness of breath; loss of taste or smell; headache or body aches; nausea; chest or abdominal pain; or confusion."

1 Yes
2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD2_5. Since January 2020, as a result of the COVID-19 outbreak...

Do you wash your hands with soap and water more often?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE= MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD2_6. (Since January 2020, as a result of the COVID-19 outbreak...)

Do you wear a face mask?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD2_7. (Since January 2020, as a result of the COVID-19 outbreak...)

Do you practice social distancing?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD2_8. (Since January 2020, as a result of the COVID-19 outbreak...)

Did you or someone in your household not seek or postpone necessary medical care or medical appointments?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD2_9. (Since January 2020, as a result of the COVID-19 outbreak...)

Have you or someone in your household experienced financial hardships?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

MD State Added Section 9: Reactions to Race Split 1, 2 and 3

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD9_1. State Added Section 9: Reactions to Race Split 1, 2 and 3

The following question related to your experiences when seeking health care. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

Interviewer Note: If the respondent indicates that they do not know about other people's experiences when seeking health care, say "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences".

Read if necessary

1 Worse than other races

2 The same as other races

3 Better than other races

Do not read

4 Worse than some races, better than others

5 Only encountered people of the same race

6 No health care in past 12 months

7 Don't Know/Not Sure

9 Refused

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD9_2. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD9_3. Within the past 30 days, have you felt emotionally upset, for example, angry, sad, or frustrated, as a result of how you were treated based on your race?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MD State Added Section 10: Lifetime Brain Injury Split 2

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=2]

MD10_1. State Added Section 10: Lifetime Brain Injury Split 2

In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=2]

MD10_2. In your lifetime, have you ever injured your head or neck in a car accident or from a crash with another moving vehicle like a bicycle, motorcycle, or All-Terrain-Vehicle (ATV)?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=2]

MD10_3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock, playing sports, or on the playground)?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=2]

MD10_4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, from being shaken violently, or being shot in the neck or head?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=2]

MD10_5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? Think about any military combat- or training-related incidents or prior work-related incidents (for example, construction).

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD10_1=1 AND MD10_2=1 AND MD10_3=1 AND MD10_4=1 AND MD10_5 = 1 AND CSTATE NE 2]

MD10_6. Were you ever KNOCKED OUT or did you LOSE CONSCIOUSNESS from any of the injuries you reported above?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD10_6=1 AND CSTATE NE 2]

MD10_7. What was the LONGEST TIME you were knocked out or unconscious?

- 1 Less than 5 minutes
- 2 5 to 30 minutes
- 3 More than 30 minutes, but less than 24 hours
- 4 24 hours or longer

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD10_6=1 AND CSTATE NE 2]

MD10_8. How old were you the FIRST TIME you were knocked out or lost consciousness?

Interviewer: If respondent doesn't know or not sure, say "Your best guess is fine".

RANGE 0-99 [NUMBER BOX] Years old

777 Don't Know
999 Refused

[ASK IF (MD10_8 > S9Q1) AND MD10_8 NE 777,999 AND S9Q1 NE 07,09]

MD10_8C. I'm sorry, you indicated you were [S9Q1] years old, and the first time you were knocked out or lost consciousness was at age [MD10_8]. I must correct this inconsistency.

1 Continue [GO BACK TO MD10_8]

[ASK IF MD10_6=1 AND CSTATE NE 2]

MD10_9. How old were you the last time you were knocked out or lost consciousness?

Interviewer: If respondent doesn't know or not sure, say "Your best guess is fine". If respondent indicates they have only been knocked out once, say "Your answer will be the same as the previous question."

RANGE 0-99 [NUMBER BOX] Years old

777 Don't Know
999 Refused

[ASK IF (MD10_9 < MD10_8) AND MD10_9 NE 777,999 AND MD10_8 NE 777,999]

MD10_9C. I'm sorry, you indicated you were [MD10_9] years old the LAST TIME you were knocked out or lost consciousness, and the FIRST TIME you were knocked out or lost consciousness was at [MD10_8]. I must correct this inconsistency.

1 Continue [GO BACK TO MD10_9]

[ASK IF (MD10_9 > S9Q1) AND MD10_9 NE 777,999 AND S9Q1 NE 07,09]

MD10_9CC. I'm sorry, you indicated you were [S9Q1] years old, and the last time you were knocked out or lost consciousness was at age [MD10_9]. I must correct this inconsistency.

1 Continue [GO BACK TO MD10_9]

[ASK IF MD10_6=2, 7 or 9 AND CSTATE NE 2]

MD10_10. If you were not knocked out by any of these injuries, did any of them cause you to be dazed or confused, or create a gap in your memory?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=2]

MD10_11. Have you ever had a period of time in which you experienced MULTIPLE REPEATED BLOWS or impacts to your head – for example a history of physical abuse, playing sports, or during military duty?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MD State Added Section 11: Substance Abuse (Split 1, 2, 3)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD11_1. State Added Section 11: Substance Abuse

Now I'm going to ask you about non-medical use of drugs. "Non-medical use" means using drugs not prescribed by a doctor, or are used to get high, or for curiosity. Please do NOT include alcohol or tobacco.

Remember, all answers are kept confidential and no identifying information is recorded. You may skip any question you do not wish to answer.

In the past 12 months, did you use or take drugs, such as benzodiazepines, cocaine, heroin, amphetamines, or anything NOT prescribed by your doctor?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MD11_1=1]

MD11_2. In the past 12 months, did you use heroin or any type of opioid that you did not have a prescription for or that you took more frequently than prescribed, on one or more occasions?

INTERVIEWER NOTE: Opioids include certain painkillers, such as morphine, hydrocodone, and oxycodone; and prescription drugs such as OxyContin, Percocet, and Vicodin.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MD11_1=1]

MD11_3. In the past 12 months, did you shoot up or inject any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MD11_1=1]

MD11_CLOSE. Thank you for answering these questions. If you would like assistance with any of these issues, please call the Maryland Crisis Hotline at 1-800-422-0009 to find out about mental health and substance related disorder services available in your area.

1 Continue

MD State Added Section 12: Preconception Health/Family Planning Split 3

[ASK IF HGENDER = 2 AND S9Q1 = 18-49 AND S9Q17 NE 1 AND STATE=MD AND CSTATE NE 2 AND SPLIT=3]

MD12_1. State Added Section 13: Preconception Health/Family Planning Split 3

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

- 1 Yes
- 2 No
- 3 No partner/not sexually active
- 4 Same sex partner
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MD12_1 = 1 AND STATE=MD AND CSTATE NE 2 AND SPLIT=3]

MD12_2. What did you or your partner do the last time you had sex to keep you from getting pregnant?

Interviewer Note: If respondent reports using more than one method, please code the method that occurs first on the list.

Interviewer Note: If respondent reports using “condoms”, probe to determine if “female condoms” or “male condoms.”

Interview Note: If respond reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

Interview Note: If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read only if necessary:

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Implanon)
- 04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena)

- 05 Copper-bearing IUD (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

Do not read:

- 77 Don't know/not sure
- 99 Refused

[ASK IF MD12_1 = 2, 7 OR 9 AND STATE=MD AND CSTATE NE 2 AND SPLIT=3]

MD12_3. Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

Interviewer note: If respondent reports "other reason," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read only if necessary

- 01 You didn't think you were going to have sex/no regular partner

- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

Do not read:

- 77 Don't know/not sure
- 99 Refused

[ASK IF HGENDER = 2 AND S9Q1 = 18-49 AND S9Q17 NE 1 AND STATE=MD AND CSTATE NE 2 AND SPLIT=3]

MD12_4. How do you feel about having a child now or sometime in the future?

Would you say...

Please read:

- 01 You don't want to have one
- 02 You do want to have one, less than 12 months from now
- 03 You do want to have one, between 12 months and less than 2 years from now
- 04 You do want to have one, between 2 years to less than 5 years from now
- 05 You do want to have one, five or more years from now
- 06 You do want to have one, but you are not sure when

07 Unable to have children/hysterectomy

Do Not Read
77 Don't know/not sure
99 Refused

Asthma Call Back Permission

[ASK IF (ACFLAG=01,02,03,04 AND CSTATE NE 2 AND STATE=MD)]

AST1a. Asthma Call Back Permission

We would like to talk to you in more detail about [IF ACFLAG=01,02 INSERT "your"; IF ACFLAG=03,04 INSERT "your child's"] experiences with asthma. The information will be used to help develop and improve the asthma programs in [STATE]. The information you gave us today and any you give us in the future will be kept confidential. Would it be okay to continue with those questions now?

1 Yes
2 No

[ASK IF AST1a=2]

AST1b. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1 Yes
2 No

[ASK IF AST1A=1 AND ACFLAG=03,04]

MKP1. Are you the parent or guardian in the household who knows the most about the child's asthma?

1 Yes
2 No

7 DON'T KNOW
9 REFUSED

[ASK IF (AST1=1 OR AST1B=1) AND ACFLAG=03,04]

MKP. Are you the parent or guardian in the household who knows the most about the child's asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW
- 9 REFUSED

[ASK IF (AST1=1 OR AST1b=1 OR MKP=1) AND MKP NE 2]

AST2A. Can I please have either your first name or initials, so we will know who to ask for when we call back?

- 1 Gave Response [TEXT BOX]

- 7 DON'T KNOW
- 9 REFUSED

[ASK IF MKP1=2,7,9]

ATP1. Can I please speak to the parent or guardian in the household who knows the most about the child's asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW
- 9 REFUSED

[ASK IF MKP=2 OR ATP1=2,7,9]

ATP. Can I please have the name of the parent or guardian in the household who knows the most about the child's asthma?

- 1 Gave Response [TEXT BOX]

- 7 DON'T KNOW
- 9 REFUSED

[ASK IF (AST2A=1 OR ATP=1,7,9) AND ACFLAG=03,04]

AST2B. Can I please have either your child's first name or initials, so we will know who to ask about when we call back?

1 Gave Response [TEXT BOX]

7 DON'T KNOW

9 REFUSED

[ASK IF ATP1=2,7,9]

ATP2. When would be a good time to call back to speak to the parent or guardian in the household who knows the most about the child's asthma?

1 Continue

7 DON'T KNOW

9 REFUSED